PETERSFIELD RURAL DISTRICT COUNCIL.

HEALTH
29 NOV 58

ANNUAL REPORT

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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9 - APR 1963

of the

MINISTRY OF HEALTH
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MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 7.

PETERSFIELD RURAL DISTRICT COUNCIL.

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 7.

C O N T E N T S.

THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Mr. W.A. Coyte, J.P.,

Vice-Chairman of the Council:

Mr. I. Fry.

Chairman of the Public Health Committee.

Mr. J.S.G. Crosland.

Members of the Council:

Mr. W.A. Allam.
Mr. A.J. Allee.
Mrs. T.H. Barnsley.
Lady Doris Blacker, J.P.
Lt. Comdr. A.J.C. Bullen.
Mr. G.P. Brutton.
Sir Hugh Cocke.
Mr. H. Newman Collard.
Mr. W.A. Collins.
Capt. A.F. Coryton.
Lt. E. Cove, R.N.,(Retd).
Mr. W.A. Coyte, J.P.
Mr. J.S.G. Crosland.
Mr. I. Fry.
Mr. H. Heath.
Mr. J. Heath.
Lady Jaffray.
Mr. H.J.C. Jones.
Capt. C.N. Lentaigne, R.N.,
Mr. A.H. Moore.
Admiral A.J.L. Murray, C.B.,D.S.O.,O.B.E.,
Mr. W.P. Ness.
Mr. H.H.C. Oram.
Admiral E.G. Robinson, V.C., O.B.E.
Mr. S.B. Selmes.
Mrs. E.B.D. Shove.
Mrs. M.E. Smith.
Miss W. Stubington.
Mr. H.C. Swayne.
Mr. M.J. Tosdevine.
Rear Admiral E.L. Tottenham,C.B.,O.B.E.
Miss F.A. Vickers.

Members of Health Department Staff.

Medical Officer of Health:

S. Chalmers Parry, M.A.Cantab.,M.R.C.S.,L.R.C.P.,D.P.H.

Chief Public Health Inspector:

A. Swan, A.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:

L.R. Devenish, Cert.S.I.B., M.A.P.H.I.

Assistant Public Health Inspector:

C.C.H. Guy, Cert.S.I.B. (to 18th November, 1957).

Clerks:

V.W.H. Denman.
Miss C.J. Wedge.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

The Old College,
Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I have the honour to present the Annual Report for the year ending 31st December, 1957 on the health and sanitary conditions of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

Apart from measles and whooping cough and a few cases of dysentery, there was practically no infectious disease. The increase in the notifications of pulmonary tuberculosis is no cause for alarm, as it arose mainly from the Army Chest Centre, Mass Radiography and cases moving into the area.

There has been no case of diphtheria in the district during the past decade, and, in England and Wales, both the incidence and mortality of diphtheria are the lowest ever recorded.

Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

I should like to take this opportunity of thanking you all for your support and encouragement; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to record my appreciation of the efficient and conscientious work carried out by Mr. Swan and members of the Staff.

S. CHALMERS PARRY.
Medical Officer of Health.
Petersfield Rural District Council.

L E G I S L A T I O N.

During the year, the following legislation affecting the Public Health Department was enacted:-

1. Housing Act, 1957.

This Act repeals and re-enacts in consolidated form the provisions of the earlier Housing Acts, with the exception of financial provisions. It is divided into eight parts and eleven schedules.

The Act came into force on the 1st September, 1957.

2. Rent Act, 1957.

This Act has the general objectives of enabling rented houses and flats to be put and kept in repair, of increasing the total stock of rented accommodation, of securing a better use of existing housing accommodation, and of making a beginning on the restoration of a free market in rented housing.

The Act came into force on the 6th July, 1957.

STATISTICS OF THE AREA.

Area	54,497 acres.
Rateable Value (1957/58)	£200,538.
Sum represented by a penny rate (1957/58)	£791.
Approximate number of inhabited houses	6,420.
"Home" Population (based on Registrar General's final figures from Census) Mid 1957	22,560.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex for over twenty-four miles.

The area comprises thirteen parishes, three of which have a population of over 3,000 and their villages form the main centres of population.

Five parishes are partly provided with main drainage and apart from extensions to these, schemes are under way for two more parishes, and are being considered for a further two.

The district has maintained its popularity as a residential resort, not only on account of the hamlets and villages, which have retained their character through the years, but also I feel because of the modernisation and improvement in services and structures throughout the area.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London - Portsmouth road and rail services link Petersfield with the coastal area.

Extensive private development is planned for the Horndean area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. The seasonal harvesting of crops calls for a concentrated labour force and this is provided to a large extent by people who follow a gipsy way of life and by town dwellers who look upon it as a profitable holiday.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

VITAL STATISTICS.

Births.

	1957			1956		
	M	F	Total	M	F	Total
Live Births (Legitimate)	150	144	294	144	152	296
(Illegitimate)	6	7	13	11	8	19
Total Live Births			307			315

Live Birth rate per 1,000 of the estimated population was 13.6 compared with 16.1 for the whole of England and Wales.

	1957			1956		
	M	F	Total	M	F	Total
Still Births (Legitimate)	2	1	3	2	5	7
(Illegitimate)	1	-	1	-	1	1
Total Still Births			4			8

Still Birth rate per 1,000 total (live and still) births was 13.0 compared with 22.4 for the whole of England and Wales.

Deaths.

	1957			1956		
	M	F	Total	M	F	Total
From all causes	107	90	197	124	92	216

Death rate per 1,000 estimated population was 8.7 compared with 11.5 for the whole of England and Wales.

Maternal Mortality.

Pregnancy, childbirth, abortion .. .. NIL

Infant Mortality (deaths under one year).

	1957			1956		
	M	F	Total	M	F	Total
Legitimate	5	2	7	5	2	7
Illegitimate	-	-	-	-	-	-
Total Infant Deaths			7			7

Infant Mortality Rate.

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the district is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period:-

Infant Mortality Rates (per 1,000 Live Births).		
Year.	Petersfield Rural District.	England & Wales.
1941.	39.6	52.8
1942.	42.5	52.0
1943.	43.6	50.0
1944.	43.7	46.0
1945.	43.5	45.0
1946.	40.0	42.0
1947.	31.1	39.2
1948.	27.5	35.9
1949.	27.8	33.3
1950.	22.6	30.6
1951.	23.8	29.1
1952.	24.9	27.8
1953.	28.5	26.8
1954.	26.7	25.7
1955.	27.9	24.8

The infant mortality rate for the year under review was 22.8 compared with 23.0 for England and Wales.

Causes of Death.

	Male	Female	Total
1. Tuberculosis of Respiratory System.	1	-	1
2. Other forms of Tuberculosis.	-	-	-
3. Syphilis.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal Infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other Infective and Parasitic Diseases.	-	-	-
10. Malignant Neoplasm, Stomach.	2	1	3
11. " " Lung, Bronchus.	9	-	9
12. " " Breast.	-	5	5
13. " " Uterus.	-	-	-
14. Other Malignant & Lymphatic Neoplasms.	8	9	17
15. Leukaemia, Aleukaemia.	-	1	1
16. Diabetes.	3	-	3
17. Vascular Lesions of Nervous System.	10	15	25
18. Coronary Disease, Angina.	16	11	27
19. Hypertension with Heart Disease.	1	7	8
20. Other Heart Disease.	15	13	28
21. Other Circulatory Disease.	5	6	11
22. Influenza.	1	1	2
23. Pneumonia.	5	2	7
24. Bronchitis.	3	1	4
25. Other Diseases of Respiratory System.	1	-	1
26. Ulcer of Stomach and Duodenum.	1	1	2
27. Gastritis, Enteritis and Diarrhoea.	-	1	1
28. Nephritis and Nephrosis.	1	-	1
29. Hyperplasia of Prostate.	3	-	3
30. Pregnancy, Childbirth, Abortion.	-	-	-
31. Congenital Malformations.	-	1	1
32. Other Defined and Ill-defined Diseases.	12	8	20
33. Motor Vehicle Accidents.	3	1	4
34. All other Accidents	4	6	10
35. Suicide.	1	-	1
36. Homicide and Operations of War.	2	-	2
	107	90	197

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester, (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. M.H. Hughes, who has been appointed Director of the Public Health Laboratory on the retirement of Dr. H.F. Findlay.

Some specimens in connection with cases of Infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 22331).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester, or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

The Public Analyst for the area is Mr. A.P. Davson, Public Health Laboratory, Public Health Centre, Grange Road, Bermondsey, S.E.1.

Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

The use of the Hospital Car Service may also be obtained through the Ambulance Officer (Telephone, Fareham 3626).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261).

Nursing and Health Visiting in the homes and clinics.

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

Names and Addresses of Nurses.	District served.	Names of Health Visitors.
Miss M. Saville, S.R.N., S.C.M., (Queen's Nurse), R.S.H. Certificate, Nurse's Cottage, Headley Road, Liphook. (Tele: Liphook 3179).	Bramshott. Liphook. Conford. Passfield. Hammer.	
Miss K. Bagley, S.R.N., S.C.M., (Queen's Nurse), Moss Cottage, Western Road, Liss. (Tele: Liss 3139).	Greatham. Liss. Empshott.	Miss V. Gawthorp, S.R.N., S.C.M., R.S.H. Certificate.
Mrs. J.M. Beaton, S.R.N., S.C.M., (Queen's Nurse), 1 Privett Road, High Cross, Froxfield. (Tele: Hawkley 43).	Colemore. Priorsdean. Privett. Hawkley. Oakshott.	
	Froxfield.	
Miss E.F. Moore, S.C.M., 16 Glenthorne Meadow, East Meon. (Tele: East Meon 63).	East Meon.	
Miss E.M. Belshaw, S.R.N., S.C.M., 22 Queen's Road, Petersfield. (Tele: Petersfield 676).	Langrish. Stroud. Steep. Sheet. N. Petersfield.	Miss E.J. Read, S.R.N., S.C.M., R.S.H. Certificate
Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 153 The Causeway, Petersfield, (Tele: Petersfield 628)	Ramsdean. S. Petersfield. Buriton.	
Mrs. L. Hampson, S.R.N., S.C.M., (Queen's Nurse), 2 Nelson Crescent, Horndean. (Tele: Horndean 2276).	Horndean. Lovedean. Blendworth. Catherington.	Mrs. M. Fitzgerald, S.R.N., S.C.M., R.S.H. Certificate.
Mrs. E. Wiggett, S.R.N., (Queen's Nurse), 2 Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219).	Clanfield. Hogs Lodge. Chalton.	Miss B.G. Osborn, S.R.N. S.C.M., R.S.H. Certificate. Orthopaedic Nursing Certificate.
Mrs. L. Hampson, S.R.N., S.C.M., (Queen's Nurse), 2 Nelson Crescent, Horndean. (Tele: Horndean 2276). Miss M. Munro, S.R.N., S.C.M., (Queen's Nurse), 133 Botley Drive, Leigh Park, Havant. (Tele: Havant 186).	Rowlands Castle. Redhill. Idsworth. Finchdean.	Miss E.M. Wheeler, S.R.N., S.C.M., R.S.H. Certificate.

* Midwifery only. ø General Nursing only.
& General Nursing and relief Midwifery.

Home Help Service.

Owing to the re-organisation of the Home Help Service Areas, Mrs.Drake has transferred to the office in Havant. She has been succeeded by Mrs. Holmes as Divisional Organiser. The new area, covered by the Home Help Service, consists of Petersfield Urban and Rural Districts, Droxford Rural District, and Alton Urban and Rural Districts.

The Petersfield office is situated at the rear of the Town Hall, Petersfield (Telephone. Petersfield 771, extension 18) and is open Mondays to Fridays 9 a.m. to 12 noon and Saturdays 9.30 - 10 a.m. when Mrs. Holmes, or her clerk Mrs Eaton, will be available. Applications for Home Help should be made direct to this office.

Clinics.

The following Clinics are held at the County Council Health Clinic, Love Lane, Petersfield:-

* Ophthalmic Clinic	By appointment.
* Orthopaedic Remedial Clinic	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre	Wednesday mornings and afternoons.
School Clinic	By appointment.
Dental Clinic	By appointment.
Speech Therapy Clinic	Tuesday afternoons by appointment.

Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age:-

Centre	Hall	Afternoons
Clanfield	Memorial Hall.	1st Friday.
East Meon	Institute Hut.	1st and 3rd Thursdays.
Horndean	Nash Memorial Hall.	2nd and 4th Tuesdays.
Liphook	Church Room	1st and 3rd Tuesdays.
Liss	Village Hall.	2nd and 4th Fridays.
Rowlands Castle	Parish Hall.	3rd Wednesday.
Superior Camp	Social Club Hall.	3rd Friday.

The following eight centres, situated in adjoining districts are available for children living near the boundaries of the district:-

Centre	Hall	Afternoons
Alton	Assembly Rooms.	Every Tuesday.
Bedhampton	St. Thomas' Church Hall, Belmont Park.	1st and 3rd Tuesdays.
Grayshott	Village Hall.	1st Friday.
Havant	County Council Health Clinic, 4 Park Way.	2nd and 4th Tuesdays.
Headley	Village Hall.	2nd and 4th Fridays.
Petersfield	Health Clinic, Love Lane.	Every Wednesday. (morning and afternoon).
Leigh Park	St. Francis Church Hall, Riders Lane.	Every Tuesday & Friday.
Waterlooville	St. George's Hall, Hambledon Road.	2nd and 4th Thursdays.

The work of the voluntary helpers, who assist the medical staff at the Welfare Centres is greatly appreciated.

Ante-natal Clinics.

The following Ante-natal Clinics are held:-

Centre	Hall	Day of month when held at 2.0 p.m.
Alton	General Hospital, Anstey Road.	1st, 2nd, 3rd and 4th Thursdays.
Havant	County Council Health Clinic, 4 Park Way.	1st, 2nd, 3rd and 4th Mondays.
Liss	British Legion Hall, Rake Road.	1st Thursday and 3rd Wednesday.

Tuberculosis Clinics.

Queen Alexandra Hospital, Cosham, (Telephone, Cosham 79451, Ext. 114).

Wednesday. 9.45 a.m. Old patients by appointment.
2.0 p.m. New patients.

Thursday. 9.45 a.m. Old patients by appointment.
2.0 p.m. Refills.

One evening session on first Thursday in the month by appointment.

Dr. J.P. Sharp, the Chest Physician, is in attendance.

Royal Hants County Hospital, Winchester.

Thursday. 1.30 p.m. Refills.

Dr. H.S. Fraser, the Chest Physician, is in attendance.

Health Department, The Castle, Winchester.

Wednesday. 10.0 a.m. Old patients.
2.30 p.m. New patients.

Thursday. 9.30 a.m. Patients by appointment.

Northfield Hospital, Redan Road, Aldershot.

Tuesday. 11.15 a.m. New patients.

Venereal Diseases.

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males : 5.0 p.m. to 7.0 p.m., Tuesdays and Fridays.

Females : 2.0 p.m. to 7.0 p.m., Mondays.
9.30 a.m. to 11.0 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon., } Tuesdays and Thursdays.
5.0 p.m. to 7.0 p.m., }

Females : 5.0 p.m. to 7.0 p.m., Mondays.
2.0 p.m. to 4.0 p.m., Wednesdays.
10.0 a.m. to 12.0 noon., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.0 a.m., Saturdays.

Females : 2.0 p.m., Tuesdays.

SCHOOL HEALTH SERVICES.

Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics:-

Alton.	Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays by appointment.
	Remedial Clinic held at Lord Mayor Treloar Hospital daily by appointment.
Havant.	Surgeon's Clinic, held at County Council Health Clinic, on fourth Tuesdays, even months, at 10 a.m.
	Remedial Clinic, held at County Council Health Clinic, every Wednesday at 10 a.m. and 1.30 p.m.
Petersfield.	Remedial Clinic, held at County Council Health Clinic, Love Lane, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

Ophthalmic Clinics.

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

Havant.	Held at County Council Health Clinic, Park Way.
Petersfield.	Held at County Council Health Clinic, Love Lane.

Orthoptic Clinic.

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

School Clinic.

This is held at the County Council Health Clinic, Love Lane, Petersfield by appointment.

Speech Therapy Clinics.

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Tuesdays at 1.30 p.m. by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Clinics at Park Way, Havant, and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

Child Guidance Clinic.

Cases are seen by appointment through the County Medical Officer, at the County Council Health Clinic, Park Way, Havant, or Manor Park Health Clinic, Aldershot.

Dental Clinics.

These are held for treatment of school children, pre-school children and expectant and nursing mothers by appointment at the County Council Health Clinics at Petersfield and Havant, and at schools and other premises as and when required. A Dental Clinic Trailer is available for use in the area.

Family Planning Association Clinics.

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

ADDRESS	DAY	TIME
COSHAM. Child Welfare Centre, Northern Road.	Wednesdays.	1.0 - 3.30 p.m.
GUILDFORD. St. Luke's Hospital, Warren Road.	Fridays.	6.0 - 7.30 p.m. (by appointment only)
	Enquiries to Hon. Secretary, Mrs. Farmer, 27 Harvey Road, Guildford. (Telephone: Guildford 4235).	
MIDHURST. Welfare Hall, Petersfield Road.	1st and 3rd Thursdays	2.30 - 4.0 p.m.
PORTSMOUTH. Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.0 - 3.30 p.m.
	Fridays.	7.0 - 9.0 p.m.
WINCHESTER. The Hut (adjoining Trafalgar House), Trafalgar Street.	2nd and 4th Tuesdays.	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

x These services are the responsibility of the Regional Hospital Board.

HOSPITALS.

General.

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL.

(Telephone, Haslemere 894).

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-eight beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL.

(Telephone, Guildford 2323).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 22331).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2103).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151).

Heathside Hospital, Petersfield.

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the Health Visitor.

Infectious Diseases.

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road, Portsmouth (Telephone, Portsmouth 22331) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Tele: Alton 2238).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office, (Telephone: Winchester 2261) deals with the admission of these patients.

PREVALANCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases.

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Diseases	Total cases notified.	Rate per 1,000 of the Estimated Population.	
		Petersfield R.D.	England and Wales.
Scarlet Fever	4	0.17	0.65
Measles	274	12.14	14.06
Whooping Cough	81	3.59	1.88
Puerperal Pyrexia	2	0.08	0.26
Dysentery	10	0.45	-
Pneumonia	2	0.08	0.72
Ophthalmia Neonatorium	1	0.04	0.03

An analysis of the total notified cases according to age groups is given below:-

Age Group	Scarlet Fever	Measles.	Whooping Cough.	Puerperal Pyrexia.	Dysentery.	Pneumonia.	Ophthalmia Neonatorium.
Under 1 year	-	-	9	-	2	-	1
1 - 2 years	-	20	5	-	1	-	-
2 - 3 years	-	18	7	-	-	-	-
3 - 4 years	-	23	7	-	-	-	-
4 - 5 years	1	29	11	-	-	-	-
5 - 10 years	3	178	41	-	1	1	-
10 - 15 years	-	3	1	-	3	-	-
15 - 20 years	-	-	-	1	-	-	-
20 - 35 years	-	1	-	1	-	-	-
35 - 45 years	-	1	-	-	1	1	-
45 - 65 years	-	1	-	-	2	-	-
Over 65 years	-	-	-	-	-	-	-

The following table shows the number of cases of Infectious Disease notified during the year and the parishes in which they occurred:-

Parish	Scarlet Fever.	Measles.	Whooping Cough.	Puerperal Pyrexia.	Dysentery.	Pneumonia.	Ophthalmia Neonatorium.
Bramshott	-	89	40	-	3	1	-
Buriton	-	-	-	-	4	-	-
Clanfield	1	15	5	-	-	-	-
Colemore & Priorsdean	-	1	1	-	-	-	-
East Meon	-	1	-	-	-	-	-
Froxfield	-	8	3	-	-	-	-
Greatham	-	-	-	-	-	-	-
Hawkley	-	-	-	-	-	-	-
Horndean	2	83	21	-	2	1	1
Langrish	-	-	-	-	-	-	-
Liss	-	7	11	2	-	-	-
Rowlands Castle	-	71	-	-	1	-	-
Steep	1	1	-	-	-	-	-
TOTALS	4	274	81	2	10	2	1

Analysis of Scarlet Fever cases according to Parish:-

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Clanfield	-	-	-	-	-	-	-	1	-	-	-	-
Horndean	-	1	-	-	-	-	1	-	-	-	-	-
Steep	1	-	-	-	-	-	-	-	-	-	-	-
TOTALS	1	1	-	-	-	-	1	1	-	-	-	-

FOOD HYGIENE.

National and international crises have indeed left their mark on the eating habits of the people of this country; for family meals have, in part, been replaced by food prepared in the mass and eaten in restaurants and canteens.

This communal way of feeding, which was forced upon many folk during the war years, has surely come to stay; furthermore, the higher cost of fresh meat has influenced the purchase of made-up meats and the use of scraps previously refused. All these changes have, no doubt, contributed to an increase in food poisoning due to the infection of pre-cooked food.

Food Hygiene (continued).

So it should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions:-

(1) Diarrhoea or vomiting.
(2) Septic cuts or sores, boils or whitlows.
(3) Discharges from the ear, eye or nose.
(4) Any feverish illness.

Customers have now become more clean food minded; and, if any uncleanliness is observed in food premises, they often complain to the management.

The hygiene standard of such shops and restaurants therefore lies to some extent in their hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; whereas a low hygienic standard will obviously have the reverse effect.

This new look in food hygiene is a good thing, as it is of course all in the interest of the general public to encourage safer practices.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated the hands will leave bacteria behind on everything they touch. "No touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough to safely handle food of this nature.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared. But they act as ideal breeding grounds for any dangerous germs that gain access and, if kept at warm temperatures, the germs will multiply very rapidly.

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that they occur in a product, which is going to be heat-treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

There is, however, another type of germ that is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the interval of time between the end of cooking and the consumption of food is sufficiently long.

Food Hygiene (continued).

This organism is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this source of infection to occur. In fact, if all meat were eaten on the day it was cooked, these outbreaks would cease. Soups, stews, gravies, pies etc., provide even better conditions for multiplication of the germs than solid meat.

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

(1) Protection of food from all sources of contamination (dust, and droplet infection as well as from flies, cockroaches, rats and mice).

(2) Personal cleanliness of "food non-handlers".

(3) Proper storage and display of food at safe temperature.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

In a recent report, the Chief Medical Officer to the Ministry of Health stated:-

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible".

In this connection, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops.

The Food Hygiene Regulations, 1955, affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, packaging, wrapping, service or delivery of food.

It is too early to say whether they have brought about any reduction in food poisoning.

HEALTH EDUCATION.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

The Chief Medical Officer in his last Annual Report to the Ministry of Health, stated - "Between 1950 and 1955 there were 1807 outbreaks of food poisoning. In 1255 of these, meat or meat products were held responsible. It is therefore evident that the hygienic handling of meat is one of the main problems in the prevention of food poisoning.

The principal source of infection is still the made up meat dish, which is dangerous because of the time which elapses between its preparation and consumption."

According to the report of the Public Health Laboratory Service (in 1956), "Milk-borne diseases, which have been the bane of mankind in the past, are being replaced by food borne diseases and there were 8,961 food poisoning outbreaks in England and Wales during 1955 and incidence due to salmonellae have increased greatly.

The latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, but it will make little difference to the general picture so long as the distribution of food stuffs, contaminated with salmonellae, is allowed to continue.

Egg products are possibly one of the main sources of salmonellae in foods".

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonella infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning, however, it is evident that certain caterers still find difficulty in applying them".

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters, which cover the four essentials of good food handling:-

(1) "Wash your hands well".
(2) "Finger food as little as possible".
(3) "Cover all cuts and sores properly".
(4) "Cover food against flies".

The seeds of good hygiene are sown at home, but if they are to germinate and develop successfully, cultivation must be encouraged at school.

Children have gradually become more used to modern methods of sanitation and it is unfortunate that these are not always available in school buildings.

VACCINATION AGAINST SMALLPOX.

Outbreaks of smallpox in this country only arise now-a-days from the importation of the disease from abroad. The speed of air travel makes the task of prevention particularly difficult, so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

In a recent Ministry of Health Report, the general position regarding infant vaccination is summarised as follows:-

"On the coming into operation of the National Health Service Act in 1948, compulsory powers for infant vaccination ceased and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances which were estimated in 1948 to be less than 20 per cent. In subsequent years, the rate slowly improved and the figure for 1954 was 34.5 per cent. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern".

In England and Wales in 1956, the percentage of infants under the age of one year, who were vaccinated, was only 38.4 and the figure for 1957 was 43.0. This is still far below what may be regarded as satisfactory; the aim should be to see that every healthy infant is vaccinated - not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the first vaccination is put off until adolescence or later, there may be a slight risk; but that is, of course, all the more reason for vaccinating the child in infancy - especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the third month.

"The acceptance" rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 65.4.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

Vaccination against Smallpox (continued).

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox.

The Chief Medical Officer to the Ministry of Health has said "the routine re-vaccination of children of school age is a useful measure as a follow-up of a primary vaccination done in infancy, but the total number of such re-vaccinations done in 1954 was slightly fewer than in 1952 and only a little greater than 1950; these being years in which, as in 1954, the figures for this age group were not markedly influenced by outbreaks of smallpox". In 1952, he had said that the total number of school children re-vaccinated over the whole country suggests that not more than one in twenty-five of the children entering or leaving school, who had been primarily vaccinated in infancy, were re-vaccinated. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, three hundred and fifty vaccinations against smallpox were carried out:-

Vaccination.	Pre-school children.	School children.	Over 15 years of age.
Primary	224	16	12
Revaccination.	4	25	69
TOTALS	228	41	81

INTERNATIONAL TRAVEL.

Travellers from abroad, who may have been contacts of small-pox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

International Travel (continued).

The International Sanitary Regulations, 1956, specify the following periods for the validity of International Certificates of vaccination:-

Type of Vaccination.	Validity (After date of vaccination or inoculation)		
	Begins		Ends
Smallpox primary vaccination	8 days		3 years
Smallpox re-vaccination	at once		3 years
Cholera primary vaccination	6 days	after	6 months
Cholera re-vaccination within 6 months	at once	date of vaccination.	6 months
Yellow fever primary vaccination	10 days		6 years
Yellow fever re-vaccination within 6 years.	at once		6 years

But the Health Authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons, who are required to be vaccinated or inoculated against more than one disease, are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the District.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health, except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Pathological Laboratory of the Royal South Hants and Southampton Hospital, Exmoor Road, Southampton, on Tuesdays by appointment. (Telephone, Southampton 26211).

For inoculations for which there is no international certificate, an ordinary certificate by the doctor is sufficient.

DIPHTHERIA IMMUNISATION.

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

In England and Wales, the number of Diphtheria cases that occurred during the year under review was only 40, which is the lowest annual incidence on record. The number of deaths, 6, is also the lowest yet recorded. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom once it had been gained.

Diphtheria Immunisation.(continued).

Experience over the last few years has shown that in school communities, where immunisation rates are low, diphtheria infection when once introduced can gain momentum and lead to an outbreak. The need for early immunisation and for the booster dose is therefore stressed.

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5-9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return of high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except the occasionally imported case."

The Ministry of Health recommends that all children should be immunised before their first birthday - preferably at the age of seven or eight months and that they should receive a "booster" or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and reinforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

In England and Wales, the percentage of babies under the age of one year, immunised during the year, improved again to 48.0%; this figure compared with 36.7% in 1955, 36.1% in 1954, 30.4% in 1953 and 27.8% in 1951. Although the percentage of children immunised before their first birthday shows a definite improvement on previous years, it has not yet reached the proportion considered advisable to ensure adequate and continuing community protection.

In this district 53.6% of the children, born during the year 1956, were immunised before they attained the age of one year. Although children up to five years of age are the most susceptible age group, all under fifteen years should be immunised.

Diphtheria Immunisation (continued).

During the year, four hundred and five immunisations against diphtheria were carried out.

Immunisation.	Pre-School children.	School children.
Primary	7	14
Reinforcing or "Booster"	6	67
Combined Primary	66	12
Combined "Booster"	3	21
Triple Primary	172	4
Triple "Booster"	8	25
TOTALS	262	143

Children may be immunised by their own doctors, or at the following Child Welfare Clinics:-

(a) Within the District -
Clanfield, Horndean, Liphook, Liss and Rowlands Castle.

(b) In the adjoining Districts -
Alton, Grayshott, Headley, Petersfield, Waterlooville and Stockheath.

WHOOPING COUGH IMMUNISATION.

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping-Cough Immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria, triple immunisation against whooping cough - diphtheria and tetanus and immunisation against whooping cough alone; but it does not provide for the immunisation against whooping-cough alone after the age of five years.

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisation against three infections.

While diphtheria immunisation has been commenced generally at the seventh or eighth month, whooping cough immunisation is usually started much earlier - at about the third or fourth month of infancy - and, according to authorities, there is no reason why diphtheria immunisation also should not be begun at an earlier age.

POLIOMYELITIS VACCINATION.

In May, 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947 - 54, began in selected areas of Hampshire.

Later, in 1957, the age group for registration was extended and the vaccinations were carried out as supplies of vaccine became available.

In this district, practically all the inoculations have been given by the general practitioners.

During the year, one hundred and twenty children were vaccinated against poliomyelitis, of these fifteen were under school age and one hundred and five were school children.

Personal precautions against Poliomyelitis.

The World Health Organisation has issued six points for the personal protection of the public against poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.
3. Avoid intimate association, such as shaking hands with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid over exertion.
6. Avoid unnecessary travel to and from communities where the disease is prevalent.

SCABIES.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

PEDICULOSIS.

Cases of pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Love Lane, Petersfield, by appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

TUBERCULOSIS.

The total number of cases on the register on the 31st December, 1957 was two hundred and thirty-nine. Of the twenty six additions to the Register during the year, five were transferred to this area from other districts.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1957:-

	Respiratory			Non Respiratory		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1957)	90	66	156	25	33	58
New additions to the Register during the year.	12	13	25	-	1	1
Removals from the Register during the year.	-	1	1	-	-	-
Number on Register at the end of the year (1957)	102	78	180	25	34	59

Analysis of new cases and deaths according to age groups:-

	New cases. (including transfers).				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	2	2	-	-	-	-	-	-
15 - 25	2	2	-	-	-	-	-	-
25 - 35	-	5	-	1	-	-	-	-
35 - 45	3	2	-	-	-	-	-	-
45 - 55	3	1	-	-	-	-	-	-
55 - 75	2	-	-	-	-	-	-	-
over 75	-	1	-	-	-	-	-	-
TOTALS	12	13	-	1	-	-	-	-

Analysis of removals from the Register:-

Removals	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Recoveries	-	-	-	-	-	-
Deaths	-	-	-	-	-	-
Transfers	-	1	1	-	-	-
TOTALS	-	1	1	-	-	-

No action was taken in 1955 under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936 (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

NATIONAL ASSISTANCE ACT, 1948.

It is satisfactory to report that no official action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

A certain number of other cases, brought to the notice of this department, were investigated; but these were referred to the Area Welfare Officer, who was able to make other arrangements.

The assistance given by the Welfare Officer, Public Health Inspector, Health Visitors and Voluntary organisations, is greatly appreciated in these difficult and distressing cases.

HEALTH VISITING.

There has been a lot of publicity lately about the work of the Health Visitor - and rightly so - for some people do not even realise the fact that she is a qualified nurse. On that account, it was proposed at a Medical Conference that her designation should be changed to that of "Health Nurse".

In the circumstances, it is felt that a brief description of her duties and training, together with an outline of the views expressed by the Working Party's recent report on "Health Visiting" are specially indicated.

First of all, who and what is a Health Visitor?

She is a State Registered nurse with an additional qualification in midwifery and with the Health Visitor's certificate of the Royal Society of Health. Her qualifications are prescribed by the Regulations of the Ministry of Health. Her total training occupies a period of at least four and a half years (and it may extend over five and a half years). She is a health-teacher with an expert knowledge of the care of children and of expectant and nursing mothers, and is an essential field-worker in preventive medicine. Her work includes the care of the aged and advising on the health of the community as a whole and on the measures necessary to prevent the spread of infection. Many health visitors in addition carry out the duties of the school nurse or of the tuberculosis visitor. She is a most important link between the Public Health Department and the general practitioners; and it is hoped that in future she may work in even closer contact with the family doctor so that he can readily call upon her services should a family require them.

This, and many other recommendations were made by a working party appointed in 1953 by the Ministers of Health and Education in England and Wales and the Secretary of State for Scotland - under the Chairmanship of Sir Wilson Jameson - to advise them generally on health visiting. The report was unanimous and there was general agreement that the main function of the health visitor should be educational and advisory. Nearly all witnesses supported the view that the health visitor should not undertake nursing and midwifery duties.

The value of visiting mothers and children in their homes - as distinct from clinic contacts - for the purpose of education or advice was stressed.

Health Visiting (continued).

Specialization of health visitors was deprecated by the working party, as it meant an increase in multiple visiting of homes. Whilst there was a need in the health and welfare services for social workers with specialized functions, these were "single-purpose" visitors, called in to help with a special problem; on the other hand, the only general purpose social worker should be the health visitor, who already had easy access to the home and acted as adviser to the whole family. She will be in a position to recognise situations in which the expert help of specialized social case workers is needed and should co-operate fully with them.

The importance of the health visitor's part in educating the tuberculous patients and their families about the nature of the disease and the prevention of infections, as well as in persuading contacts to attend for examination, was emphasised. They all agreed that the Health Visitor had an important function to perform in the home supervision of tuberculous patients and that she should always be employed as the school nurse in her area.

All witnesses welcomed a closer association between Health Visitors and General Practitioners. The Health Visitor would be able to get in touch with all available social agencies that could help the doctor's patient. In co-operation with nurse and midwife, she was likely to be most useful to the general practitioner, in his dealings with mothers and children - especially in infant feeding problems, with the tuberculous and with the old and handicapped, because her training and experience will specially fit her for this.

Regarding the question of combined duties - by which Health Visitors act as home nurses or midwives, or both - the Working Party, after considering a mass of conflicting evidence, noted that those in favour of combined duties were heavily outnumbered and concluded that there was insufficient grounds for recommending that combined work should be regarded as a general principle or that the practice should be more widely extended.

In this connection and since the publication of the Working Party's report on "Health Visiting", the County Council has recommended that the employment of generalised Duty Nurses - who will carry out the combined duties of Health Visitor, District Nurse and Midwife - shall be extended in rural areas where considered "appropriate".

It is the County Council's policy to appoint a Generalised Duty Nurse to cover East Meon Parish in Petersfield Rural District and Exton, Warnford and West Meon in Droxford Rural District.

ACCIDENTS IN THE HOME.

BURNS AND SCALDS.

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend much more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes and, of these fatalities, about 700 are due to burns and scalds.

Accidents in the Home (continued).

The total number of fatalities, which reached 6908 in 1956, continues to rise, largely owing to an increase in the number of old people. As many as 58% of those over 75 years died as a result of a fatal domestic accident; on the other hand, there is a gradual decline in the number of fatal accidents in children under five years of age.

Statistics about non-fatal accidents are not available, but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing catching on fire. Most of these accidents are due to the clothing coming in contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Age and Sex Incidence.

The following table shows that the majority of fatal domestic accidents due to burns occur at the extremes of life.

	0 - 4		5 - 14		15 - 64		65 and over		All ages	
	M	F	M	F	M	F	M	F	M	F
1954	21	47	9	38	35	83	105	259	170	427
1955	23	44	14	50	46	82	122	240	205	416
1956	17	58	10	44	33	74	110	241	170	417

In the case of children, this must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge all play their part. Women and girls suffer more than twice as many burning accidents as men and boys, for full skirted loose garments present a much greater fire risk than narrow or close fitting ones. In the aged, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. The infirm and the handicapped are more liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards.

Preventive Measures.

The majority of these burning and scalding accidents could be avoided and, in spite of the publicity that has been given to the subject during recent years, the position has not improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Under the Children and Young Persons Acts, 1933 and 1952, parents and guardians are liable to a fine if a child of 12 years or under is seriously injured from burns caused by an unguarded "heating appliance liable to cause injury to a person by contact therewith".

The Heating Appliances (Fireguards) Act, 1952 and the Regulations made under it require that, from 1st October, 1954, all gas, electric and oil fires must be fitted, when sold, with a guard attached. Many householders are not aware of the danger of unguarded fires, have no knowledge of this Act, and have taken no steps to acquire guards for the fires purchased before the Regulations came into force.

Accidents in the Home (continued).

Efficient Fireguards.

An efficient fireguard is the best method of protection from burning by falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

The British Standard Specification for Fireguards for Solid Fuel Fires lists the following general requirements:-

1. The fireguard shall be of robust construction, made of suitable metal, and capable of being securely fixed.
2. The fireguard shall have a hard and durable finish.
3. The top, front and sides of the fireguard shall consist of mesh of which the distance between adjacent parallel members shall be not less than $\frac{1}{2}$ inch and not greater than 1 inch. The upper limit is recommended.
4. The top of the fireguard shall be closed in and at an angle that does not encourage its use for the airing of clothes.
5. It shall be possible to refuel the fire, remove the ash, and carry out the normal operations of controlling an open fire, without removing the guard and without incurring additional risk of injury.
6. Any openable portions of the fireguard shall be so constructed that they can be securely fixed in the closed position by means of spring clips or other suitable device.
7. The fireguard shall be provided with two safety hooks with spring clips or other suitable device, for fitting into the eyelets that are fixed to the fireplace surround.

Safer Clothing.

The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

Recent research has shown that virtually all fabrics in common use for clothing are flammable and that the shape of the garment and the nature of the source of ignition are the most important factors in relation to accident risk.

A special Committee was set up by the British Standards Institution to consider the flammability rating of clothing textiles. In their report* they recommended that a standard of durable flame-resistance of fabrics should be established and that goods, offered for sale to the public as flame-resistant, should be warranted as such and identified accordingly.

The only relatively safe fabrics would be those defined as "flame-resistant"; but fabrics so marked would not of course be guaranteed as completely non-combustible.

Chemical processes, which render garment fabrics flame-resistant or flame-proof, should be developed and promoted as widely as possible. This action would bring many cottons and rayons within the safety zone. Care is necessary with all fabrics which are not known to be flame-resistant; and the public should be encouraged to obtain fabrics (which comply with the British Standard of "flame resistance") as soon as these become available.

Accidents in the Home (continued).

Scalding Accidents.

Because scalds have a much lower death rate than burns, the frequency and gravity of this type of accident are sometimes overlooked. Scalds are nearly as common as burns and the resulting psychological trauma, disfigurement and loss of function may be equally severe.

Approximately two-thirds of the hospital admissions for scalds, sustained at home, occur in children under five years of age.

The incidence of deaths from scalds in the Home or in Residential Institutions according to age and sex is shown in the following table:-

	0 - 4		5 - 14		15 - 64		65 and over		All ages.	
	M	F	M	F	M	F	M	F	M	F
1954	21	15	3	0	1	11	10	40	35	66
1955	19	16	1	0	2	5	31	35	53	56
1956	17	13	0	1	5	8	23	53	45	75

Prevention of Scalding Accidents.

Although, in some cases, scalding accidents may be precipitated by the shape, design and use made of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

* The Flammability of Apparel Fabrics in relation to Domestic Burning Accidents by British Standards Institution, 1957.
Accidents in the Home - Burns and Scalds (Ministry of Health).

CITIZENS' ADVICE BUREAU.

The local office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The office is open Monday to Friday from 9 a.m. to 12.30 p.m. and from 2 p.m. to 4.30 p.m. On Saturday it is open from 9 a.m. to 12.30 p.m.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

Public Health Department,

The Old College,

Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1957 on the sanitary circumstances of the area and the duties for which I am responsible.

The emphasis has again been on housing. The rate of progress of the five year programme was restricted by the limitation on house building but to compensate this, considerable action was taken in respect of empty unfit houses throughout the district. This avoided the necessity of rehousing.

It is interesting to note that there is no longer such a rush to re-occupy very sub-standard accommodation when it becomes vacant.

Once again all animals slaughtered for human consumption were inspected. The quality of animal purchased by the butcher principally concerned was very high and comparatively little carcase meat was condemned.

The Food Hygiene Regulations did not prove very popular with a number of tradesmen and compliance was secured in many cases only after considerable difficulty. The education of food handlers was linked with measures to secure improvement of premises and fittings.

Although no special effort was directed towards improvement in water supplies, the general housing improvement policy was reflected in the figures on Page 34.

Success in some aspects of the department's work is largely dependent on the co-operation of other departments and the staff. I am grateful for the help I have had during the year.

A. SWAN.
Chief Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

There was no evidence of any main water shortage during the year. Results of routine bacteriological examination were satisfactory. All main supplies are chlorinated.

The Water Undertakers of the Rural District are:-

(a) The Portsmouth and Gosport Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and

(b) The Wey Valley Water Company, Farnham, Surrey. This Company now supplies the remaining parishes.

Wherever possible we have persuaded owners of houses with unsatisfactory water supplies either to (a) connect to a supply of water in pipes provided by the statutory undertakers or (b) take water into the houses by means of pipes.

In many cases the owners have been encouraged to incorporate the provision of piped water indoors with other improvements, to bring properties up to Housing Act standards.

In some cases, however, where main drainage is anticipated within a reasonable period, and the nature of the soil renders cesspool or similar drainage unsatisfactory, we have been prepared to accept standpipes in the yards or gardens. These are subject to review.

The properties in the district which have not a piped supply of water indoors are summarised as follows:-

133 dwellings have stored rainwater.
135 dwellings have wells from which water is drawn by a bucket or pump in the garden.
234 dwellings have main supply which is drawn from standpipes in the garden.
2 dwellings obtain their water from springs.

Copies of reports on samples taken from water mains were sent to the water companies concerned.

Sewerage and Sewage Disposal.

As a result of a complaint made by the West Sussex River Board of gross pollution of the watercourse at Buriton, resulting from the various discharges into it from houses and farms, the Minister was asked for permission to proceed immediately with the Buriton scheme. He has now given the necessary consent and tenders will be invited in the near future.

It is expected that the East Meon scheme will be completed by the end of 1958.

With regard to the Greatham scheme, the Minister has not yet given his consent to enable the Council to proceed, no doubt because it is still necessary to restrict capital expenditure.

Rivers and Streams.

The main rivers and streams are as follows:-

(1) The River Wey, which passes through Bramshott Parish, and collects the discharge of water from Waggoners Wells.

(2) The River Rother, which passes through the Parish of Hawkley, forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.

(3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area.

(b) Thames above Teddington Area.

(c) Hampshire River Board Area.

Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1957, taken in Greatham. The average fall for a year is 34".

January	3.14 inches.	July	4.86 inches.
February	4.94 inches.	August	2.95 inches.
March	2.40 inches.	September	3.28 inches.
April	.37 inches.	October	2.37 inches.
May	1.40 inches.	November	3.71 inches.
June	1.56 inches.	December	2.38 inches.

Total for the year: 33.36 inches.

Night Soil Collection.

Pail closet contents are emptied once weekly from Ramsdean, Greatham and Hawkley and twice weekly in parts of the following parishes:-

Bramshott.	Buriton.	Clanfield.
East Meon.	Froxfield.	Langrish.
Liss.		

Public Cleansing.

The County Council carries out the cleansing of the roads in the district.

A collection of house refuse is carried out in localities defined on maps approved by the Council. The collection days are as follows:-

Bramshott.	Weekly	Monday, Tuesday and Friday.
Buriton.	Fortnightly	Friday.
Clanfield.	Weekly	Wednesday.
Colemore and Priorsdean.	Fortnightly	Thursday.
East Meon.	Fortnightly	Thursday.
Froxfield.	Fortnightly	Thursday.
Greatham.	Fortnightly	Friday.
Hawkley.	Fortnightly	Friday.
Horndean.	Weekly	Tuesday.
Langrish.	Fortnightly	Thursday.
Liss.	Weekly	Wednesday and Thursday.
Rowlands Castle.	Weekly	Monday.
Steep.	Fortnightly	Friday.

Shops.

It is the duty of the County Council to enforce the general provisions of the Shops Act, 1950, but District Councils have responsibility, as part of their duties under the Public Health Acts, to enforce the provisions of section thirty eight of the Act relating to ventilation, temperature and sanitary conveniences.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Moveable Dwellings.

There are five licensed sites in the district and one hundred and one licences were issued in respect of individual moveable dwellings. Twenty two of these were new applications. Six applications were refused.

The number of moveable dwellings and the number of fresh applications tends to increase a little from year to year.

Hop Pickers' Accommodation.

Some hop pickers are local residents, but the majority come from Portsmouth year after year. These are housed in permanent huts and in temporary tented accommodation. If mechanical picking proves successful locally, the tented accommodation at least will disappear.

Rural Schools.

Periodic visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation.

There has been a marked improvement to schools within the district and further schemes are in the course of preparation.

Insect Infestation.

Routine mosquito control was carried out during the "invasion" seasons and no complaints of infestation were received during the year.

There was a continued increase in the number of complaints of other insect pests in the home and we assisted with disinfestation where possible.

Houses suspected of being verminous are fumigated in cases where occupants are to be moved to Council accommodation.

INSPECTIONS AND VISITS.

	Totals.
Accumulations	8
Bakehouses	22
Building Byelaws	1
Cafés	92
Cesspools	38
Dairies	115
Drains inspected	144
Drains tested	6
Factories	50
Food Preparing Premises	169
Food Vans	4
Hop-pickers' Camps	12
Houses (Public Health and Housing Acts)	128
Houses (Improvement Grants)	600
Houses (Works in progress)	513
Housing applications	23
Ice Cream	10
Infectious Disease	89
Insect Infestation	28
Keeping of Animals	2
Knackers Yards	40
Licensed Premises	62
Meat Inspection	228
Meat Shops	83
Miscellaneous	86
Mosquito Control	12
Moveable Dwellings	427
National Assistance Act, 1946	22
Nuisances	107
Overcrowding	4
Offensive Trades	1
Piggeries	6
Rodent Control	225
Schools	45
Shops	20
Slaughter-houses	8
Unsound Food	9
Verminous or dirty premises	20
Verminous premises disinfested	9
Water supply	147
TOTAL	3,615

Samples submitted for laboratory examination:-

Water	53
Milk	106
Milk bottles (for sterility).	18
Ice Cream	11
Sewage effluent	1
TOTAL	189

H O U S I N G.

Provision of New Houses.

The following fourteen new Council housing units were erected during the year:-

Houses -

1, 2, 3, 4, 5, 6, 7 and 8 Cunningham Road, Horndean.

13, 15 and 17 Cardew Road, Liss.

23 Dennis Way, Liss.

Bungalows -

1 and 2 Tollbar Cottages, Langrish.

During the year ninety five houses were built by private enterprise.

Summary of work carried out under Public Health and Housing Acts.

1. Inspection of dwelling houses during the year -

(1)	(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	128
	(b) Number of inspections made for the purpose	513
(2)	(a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .	34
	(b) Number of inspections made for the purpose	144
(3)	Number of dwelling-houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit	21
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, fit for human habitation	24

2. Remedy of Defects during the year without service of formal notices -

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	69

Summary of work carried out under Public Health and Housing Acts (continued).

3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 -

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. NIL

(2) Number of dwelling-houses which were rendered fit after service of formal notices -

(a) By owners .. .. NIL

(b) By Local Authority in default of owners . .. .. NIL

(b) Proceedings under Public Health Acts -

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied. 2

(2) Number of dwelling-houses in which defects were remedied after service of formal notices -

(a) By owners .. .. NIL

(b) By Local Authority in default of owners . .. .. NIL

(c) Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957 -

(1) Number of dwelling-houses in respect of which Demolition Orders were made 10

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 7

(3) Number of dwelling-houses closed in pursuance of an undertaking given by the owner under Section 16 . .. 10

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Housing Conditions.

The programme approved by this Council and the Ministry in 1954 showed 132 houses to be dealt with during the subsequent five years, which indicated an average annual rate of 26.

By December, 1957, 46 houses had been dealt with instead of 78, but this was dictated largely by the restriction in the Council's new house building programme.

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

Most of the occupied houses dealt with were referred by the Housing Manager or Housing Committee in connection with applications for rehousing.

Twenty one houses were in fact dealt with in accordance with the following table:-

Parish.	Houses dealt with.	Houses empty.	Families rehoused or needing rehousing by this Council.
Bramshott.	2	1	1
East Meon.	6	-	6
Froxfield.	2	-	2
Horndean.	3	1	2
Langrish.	4	2	2
Liss.	3	1	2
Rowlands Castle.	1	-	1
TOTALS	21	4	16

It has been this Council's policy over the last 8 - 10 years to concentrate on houses in the lower categories and to avoid as far as possible dealing piecemeal with minor items of disrepair. This policy is beginning to show clear results and encourages a degree of co-operation from owners and agents not previously evident. This accounts to a great extent for the apparent inaction as far as formal proceedings under the repair sections of the Housing Act is concerned.

Nowadays, because of the cost of new building nearly all properties have a relatively high market value for improvement and modernisation and only a very few are actually demolished.

The first improvement grant under the provisions of the Act was made by the Council on the 12th February, 1953 and during 1955 a programme was formulated involving a set annual expenditure over a twenty year period. During the year a total of 31 applications were dealt with involving 40 houses. The total amount of grant during the year was £11,049.

Since the Act came into force, grants have been made involving 207 properties. 66 of these were owner/occupied; 15 were tenanted and 126 were agricultural. The total amount of grant paid was £55,389 and the actual cost of the work excluding repairs, was £118,282.

The making of grants has had a marked effect on the housing conditions in the district because a policy of complete overhaul and regular maintenance is pursued in connection with all grant aided properties.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Supervision and control of distributors and retail dairies was maintained throughout the year; there are twenty two distributors of milk on this Council's register. A satisfactory standard was maintained.

Of the one hundred and six samples taken, seven failed to pass the required test.

There is one dairy in the district where pasteurisation is carried out and it is supervised under powers delegated by the County Council.

Licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Pasteurised"	13
Dealer's Licences to use the designation "Sterilised"	2
Supplementary Licences to use the designation "Pasteurised"	10
Supplementary Licences to use the designation "Sterilised"	4

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Tuberculin Tested" . ..	7
Supplementary Licences to use the designation "Tuberculin Tested"	9

Meat and Other Foods.

A number of meetings were held during the year in connection with the Governments declared slaughtering policy. The discussions were based on White Papers issued since July, 1955 (Cmd. 9542. Cmd 9761. Cmd 243).

It appeared to this Council that the area was satisfactorily catered for and that it would be of no advantage to join the Wessex Slaughterhouses Board. It was agreed that an individual report on facilities available should be submitted to the Wessex Slaughterhouses Board who had sponsored a number of meetings, so that it could be incorporated in the Board's joint report.

New regulations in connection with construction and equipment to secure humane slaughter and hygienic conditions must await enabling legislation to supplement existing powers.

Section 16 of the Food and Drugs Act, 1955, provides for the registration of all premises used for:-

(a) the sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or

(b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are seventy three entries in this Council's register in respect of ice cream premises and fifteen in respect of preserved food premises.

Inspection and Supervision of Food (Continued). - Meat Inspection.

The following carcases were examined during the year:-

Cattle (excluding cows)	218
Cows	2
Sheep	1,066
Pigs	474
Calves	38
TOTAL	1,798

It is apparent from the following table of meat condemned as a result of these examinations that the quality of meat handled was very high due, no doubt, to the fact that the majority of animals were slaughtered by the purchasers for their own use.

1 ox head and tongue.
9 ox lungs.
1 ox heart.
28 ox livers.
1 ox skirt.
5 pig carcases and organs.
8 pigs' heads and tongues.
6 pigs' legs.
1 pigs' lungs.
15 pigs' livers.
15 sheeps' livers.
36 sheeps' lungs.
1 sheep's spleen.

Total weight of meat condemned: 15 cwts 0 qtrs 14 lbs.

Details of other condemned food:-

	lbs.
Tongue	43
Kippers	39
Tomatoes	3
Apples	2
Plums	2
Evaporated Milk	1
TOTAL.	90 lbs.

Adulterations.

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1955 which place restrictions on the addition to, or abstraction of substances from, food and drugs.

Inspection and Supervision of Food (continued).
Adulterations.

I am indebted to Mr. C.O. Perry, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

Article.	Number of samples taken. Genuine.	Unsatisfactory.
Butter and Other Fats	5	-
Drugs	2	-
Milk, Channel Islands	26	-
Milk	57	-
Sausage, Meat and Fish Products	5	-
Spirits	5	-
Other Foods	6	1
Totals	106	1

The twenty-six Channel Islands milk samples proved to contain an average of 4.51% Fat and 8.99% Non-Fatty Solids and the 57 milk samples an average of 3.91% Fat and 8.77% Non-Fatty Solids.

RODENT CONTROL.

Rodent control in the area is carried out by Council staff, by private servicing companies and by local rat catchers.

Treatments at dwelling houses are a free Council service, but where business premises are involved a charge is made. No contracts are entered into, but "ad hoc" treatments are carried out on request.

The treatment side is very important but is complementary to duties of inspection under the Prevention of Damage by Pests Act, 1949.

Pressure of work varies from season to season and from year to year, but during 1957 we were able to carry out more inspection than in any other year since the scheme started.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory. No complaints were made in respect of treatments, largely because of our ability to make "follow up" visits.

Rodent Control (continued).

The following table gives details of inspections and treatments for the period 1st April, 1957 to the 31st March, 1958:-

	Type of Property.				
	Local Authority (1)	Dwelling Houses (2)	All other (including business premises) (3)	Total of Cols (1) (2) and (3). (4)	Agri-cultural (5)
1. Number of properties in Local Authority's District	16	6233	511	6760	278
2. Number of properties inspected as a result of:-					
(a) Notification	-	195	21	216	41
(b) Survey under the Act	8	1311	47	1366	158
(c) Otherwise (when visited primarily for some other purpose.)	2	212	8	222	3
3. Total inspections carried out, including re-inspections	27	2063	100	2190	359
4. Number of properties inspected which were found to be infested by:-					
(a) Rats (Major	9	66	12	87	38
(Minor	9	758	5	772	47
(b) Mice (Major	-	11	1	12	2
(Minor	-	12	2	14	-
5. Number of infested properties (in 4 above) treated by the L.A.	18	847	11	876	83
6. Number of "Block" control schemes carried out	39				

N.B. -

Local Authority's Properties. Council houses are included under Dwelling Houses. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farms, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.

FACTORIES.

Mr. A. N. Jones is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is 2/4 Fawcett Road, Southsea.

Inspections for purposes as to health:-

Premises.	Number on Register	Inspections	Number of written Notices.
(1) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	52	50	3
(3) Other Premises in which Section 7 is enforced by the Local Authority	-	-	-
TOTALS	53	50	3
